

# Form 2-PV Massachusetts Fiduciary Income Tax Payment Voucher

**2003**

Name of fiduciary

Title

U.S. taxpayer number

Name of entity

Payment for the year ending:

MONTH

/

DAY

/

YEAR

Mailing address of fiduciary

Amount enclosed

\$

City/Town

State

Zip

**Mail to: Massachusetts Department of Revenue, PO Box 7018, Boston MA 02204**

Make check payable to: Commonwealth of Massachusetts. Write your U.S. taxpayer number on your check or money order.

Be sure to staple check to the front of Form 2-PV and enclose Form 2-PV with your return.

20M 11/03 GP04C25

*printed on recycled paper*